

# ARIZONA DEPARTMENT OF HEALTH SERVICES

## Office of Child Care Licensing

### CRITICAL AREAS CHECKLIST Child Care Center Rules Instrument

**Pursuant to A.R.S. § 36-891(F) “The department shall develop an instrument that documents compliance and noncompliance of child care facilities according to the criteria prescribed in its rules governing child care facility licensure. Blank copies of the instrument, which shall be in standardized form, shall be made available to the public.”**

<b>Facility:</b>	<b>CDC-</b>	<b>Date:</b>	<b>Page 1 of 3</b>
<b>Statute or Rule:</b>	<div style="display: flex; justify-content: space-around;"> <span>C</span> <span>NC</span> <span>N/A</span> <span>NE</span> </div>	<b>Comments</b>	
<b>A.R.S. § 36-882.H.</b> Department notified in writing within 10 days of change of director	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<b>A.R.S. § 36-882.L.</b> Inspec. reports at facil., avail. upon request, location notice posted	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<b>A.R.S. § 36-883.02.A.C.</b> Child care personnel shall apply for <i>Fingerprint Clearance Card</i> within seven working days of employment. Notarized affidavit on file.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<b>R9-5-206.B.D.</b> Depart. notified 30 days prior to chg. in class./space utilization or lic. cap.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<b>R9-5-301 General Licensee Responsibilities</b> A.1 Director designee indicated in writing A.2 Supervise staff that do not meet the qualifications of R9-5-401(2) H. Staff with CPR/First aid on premises, vehicles, field trips J. Record of fire drills every 30 days (12 mos.)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<b>R9-5-303 Posting of Notices</b> A.1. Current license A.2. Name of facility director A.3. Name of ind. desig. to act in direct. abs. A.4. Fees and refund policy A.5. Menus for the current calendar week A.6. Pres. of any comm. disease or infestation B. Licensed cap. posted in each activity area	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<b>R9-5-304 Enrollment of Children</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<b>R9-5-306 Admission &amp; Release of Children; Attendance Records</b> A.1. Children's sign in/out records B. Attendance roster - Dated, children's first & last names (3 mos.)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<b>R9-5-308 Insurance Requirements</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<b>R9-5-309 Sanitation, Gas, and Fire Inspections</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<b>R9-5-401 Staff Qualifications</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<b>R9-5-402 Staff Records &amp; Reports (12 mos.)</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<b>R9-5-403 Training Requirements</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<b>R9-5-404 Staff-to-Children Ratios</b> A. Infants 1:5, 2:11 4-year-old 1:15 1-year-old 1:6, 2:13 5-year-old and School-age 1:20 2-year-old 1:8 3-year old 1:13 B.5. Infants not with older children if 6+ children	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

<b>R9-5-501 General Child Care Program &amp; Equipment Standards</b> A.1. Health, safety or welfare of child not endangered A.2. Designated exits unobstructed/unlocked A.4. Drinking water accessible in indoor/outdoor activity areas A.8.a.c.d. High chair standards/safety strap/tray/sanitize A.14. Bldgs., premises, indoor/outdoor play equip. maint. in good repair & free from hazards A.15.c. Fans mounted & inaccessible to children A.16.b. Unused electrical outlets covered w/safety plug or insert A.17.a.b. Plumb. fix. maintain clean/working cond., chipped/cracked sinks/toilets replace/repared A.20.21. Toxic/flammable materials key/comb. lock; haz.substances/child warning label inaccessible B.1. Staff supervise enrolled children at all times B.5.6. Activity sched. (with times)/dated lesson plans posted in activity area	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
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Center Representative Initials \_\_\_\_\_

CDC-		Date:	Page 2 of 3
Statute or Rule:	C N/C N/A NE	Comments	
<b>R9-5-502 Supplemental Standards for Infants</b> A.2. List of children & assigned caregiver posted A.8.a-c. Crib bars / a. mattress space / b. waterproof / c. bedding A.10. Crib spacing - 2 feet apart C.1.d. Written daily record (3 mos) C.3.a-d. Feeding instructions posted C.4.a. Bottles labeled C.4.b.i.ii.iii Bottles not microwaved/not propped/not in crib w/o perm.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<b>R9-5-503 Standards for Diaper Changing</b> A.1.a.b. Sanitizable, seamless, smooth surface / unrelated items A.2.a.b.c. Handwashing sink: Water 86-110°, dispense soap/towels A.3. 2 containers inaccessible, lined & covered B.1. No food or food prep in diaper changing area C. Written diaper changing procedures - post & implement D.1.2. Maintain daily dated log of diaper changes (3 mos.)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<b>R9-5-504 Supplemental Standards for 1-Year-Old and 2-Year-Old Children</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<b>R9-5-505 Supplemental Standards for 3-Year-Old, 4-Year-Old, and 5-Year-Old</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<b>R9-5-506 Supplemental Standards for School-age Children</b> A.2. Supervise child while en route to & from bathroom	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<b>R9-5-507 Supplemental Standards for Children with Special Needs</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<b>R9-5-508 Nutritional Standards</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<b>R9-5-509 General Food Service &amp; Food Handling Standards</b> A. Local ordinances/permit obtained every 12 mos. B.1. Wash hands before handling or eating food B.10 Special dietary instructions posted - kitchen/activity areas B.14.a.b.c.d.e. Weekly menu - Posted & dated / Note substitutions	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<b>R9-5-510 Discipline and Guidance</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<b>R9-5-511 Sleeping Materials &amp; Equipment</b> A.5. Cot, mat, crib maintained in cleaned & repaired condition	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<b>R9-5-512 Cleaning &amp; Sanitation</b> B. Premises/furnishings clean & free from odor B.1. Flooring free of rips, washable, gaps, etc. B.2. Plumbing fixtures, flooring clean, sanitized D.1.a.b.c.d. Mounted toilet tissue/sink with running water/dispensed soap/towels D.4. Food waste stored in container with tight-fitting lid/liner	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<b>R9-5-513 Pets &amp; Animals</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<b>R9-5-514 Accident &amp; Emergency Procedures</b> A. First aid kit - inaccessible to children/sufficient quantity A.1 Band-aids A.2 Antiseptic A.3 Sterile bandages A.4 Sterile gauze pads A.5 Scissors A.6 Adhesive tape A.7 Dispos. latex gloves A.8 Closeable 1-gal bags B. Written accident, evac., emerg. plan accessible to staff; update every 12 months. C. Building evacuation plan posted near designated exit in activity area E. Post R9-5-514.B. in areas without a communication system	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<b>R9-5-516 Medications</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

A.1.	1 Staff desig. in writing	A.3.b.	Labeled		
A.2.	Written parental permission:	D.	Record of med. admin.		
A2.a.	Full name of child	D.1.a.	Full name of child		
A.2.b.	Name of medication	D.1.b.	Name/prescript. #, amt. of med.		
A.2.c.	Prescription #	D.1.c.	Date/time med. admin.		
A.2.d.	Instructions for administration	D.1.d.	Staff sig. who admin. med.		
A.2.e.	Reason for medication	E.	Return old medications		
A.2.f.	Date of authorization	F.1-3.	Medications locked		
A.3.a.	Medication in orig. containers	G.	No stock medications		

Center Representative Initials \_\_\_\_\_

CDC-		Date:	Page 3 of 3
Statute or Rule:	C NC N/A NE	Comments	
<b>R9-5-517 Transportation</b> A.6.7. Restraint system (A.R.S. § 28-907) A.8.c.d. First aid kit, 2 towels or blankets/water B.3. List of children being transported/copy of Emergency card	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<b>R9-5-518 Field Trip</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<b>R9-5-602 Supplemental Physical Plant Standards</b> C. Diaper changing area in room with diapered children	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<b>R9-5-604 Outdoor Activity Area</b> B.1.a.b.c. Enclosed by fence / a. 4 feet high / b. secured / c. 4" space B.2. Maintained free of hazards D.1.2. Rubber material or resilient 6" fall surface F. Shaded area for each child occupying outdoor area	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<b>R9-5-606 Fire &amp; Safety Portable fire extinguishers (2A-10-BC)</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<b>OTHER:</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

(C) = Compliance (NC) = Non – Compliance (NA) = Not Applicable (NE) = Not Evaluated

**NOTE: Deficiencies must be corrected immediately.**

**The Written Documentation of Correction is due within 10 days of receipt of the Statement of Deficiencies.**

*This abbreviated evaluation is not all inclusive of ARS § 36-891 et seq and these rules. Other areas may be inspected at the Surveyor's discretion.*

The Department reserves the right to amend the findings of this document after programmatic review.

**An exit interview was conducted and deficiencies, if any, were discussed with the facility representative.**

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Licensing Surveyor Date

\_\_\_\_\_  
Facility Representative Date

\_\_\_\_\_  
Licensing Surveyor Date

